FEC FORM 1

## STATEMENT OF ORGANIZATION

FOF	RM 1		ORGANIZATION											
				(See instruc	tions)				Offic	ce use only				
1. NAME COMI	E OF MITTEE (i	n full)		(Check if name is changed)		mple: If typying, type the lines	1	2FE4N	15					
AME	RICAN S	SMALL N	IANUFACT	URERS COA	LITION PO	PLITICAL ACTIO	N CON	IMITTE	E					
سيا					шш		ш			ш	ш			
ADDRESS	6 (number ar	d street)	РОВ	Ox 15289	ш						ш			
,	eck if addre	ss					ш				ш			
is ch	hanged)		WASHINGTON						DC 20003 -					
					CITY		ST	ATE		ZIP C	ODE 🔺			
COMMITT	TEE'S E-M	AIL ADDR		provide only one										
,	eck if addre hanged)	SS	carrie	e.hines@sma	Ilmanufac	cturers.org	ш				ш			
_	<b>,</b>						Ш			ш	ш			
(Che	EE'S WE eck if addre hanged)		DDRESS (UF	RL)										
2. DATE	E 0	м 3	2 6 Y	2 0 0 9 Y										
3. FEC IDENTIFICATION NUMBER C C00450999														
4. IS TH	IIS STATE	MENT	NEW	(N) OR	X	AMENDED (A)	)							
I certify that	t I have exa	mined this S	Statement and	to the best of my k	knowledge ar	d belief it is true, corre	ect and co	mplete						
Type or Pr	rint Name o	of Treasure	er <u>C</u>	arrie Hines										
Signature	of Treasur	er El <u>ec</u> t	ronically Filed	by <b>Carrie F</b>	lines		Dat		<b>3</b> /	<b>2</b> 7	Y	2 0 0 9		
NOTE: Sub	omission of	false, erron				he person signing this				f 2 U.S.C. \$	3437g.			
	Office Use Only					For further informat Federal Election Com Toll Free 800-424-95 Local 202-694-1100	nmission	act:	l	FEC F(				